Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 1 of 74

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Alvin First name L.	Virginia First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Jennings Last name and Suffix (Sr., Jr., II, III)	Jennings Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3710	xxx-xx-2825

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 2 of 74

Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	3 De Grasse Street	If Debtor 2 lives at a different address:
		Fords, NJ 08863 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Middlesex	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 3 of 74

Debtor 2 Virginia Jennings Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Alvin L. Jennings

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Debtor 1 Alvin L. Jennings

Deb	tor 2 Virginia Jennings				Case number (if known)	
Par	Report About Any Bu	ısinesses	You Own as a	Sole Proprie	ietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4			
	business.	☐ Yes.	Name and lo	ocation of bus	usiness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			siness, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Str	eet, City, Sta	tate & ZIP Code	
	it to this petition.		Check the a	ppropriate bo	box to describe your business:	
			☐ Heal	th Care Busi	siness (as defined in 11 U.S.C. § 101(27A))	
			☐ Sing	le Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stoc	kbroker (as c	defined in 11 U.S.C. § 101(53A))	
			☐ Com	modity Broke	ker (as defined in 11 U.S.C. § 101(6))	
			☐ None	e of the abov	ve	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate	that you are	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	f
	For a definition of small	■ No.	I am not filin	g under Cha _l	apter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing ur Code.	nder Chapter	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing ur	nder Chapter	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code	∍.
Par	t 4: Report if You Own or	Have Any	/ Hazardous Pro	operty or Ar	any Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is	■ No.				
	alleged to pose a threat	☐ Yes.				
	of imminent and identifiable hazard to public health or safety?		What is the ha	zard?		_
	Or do you own any property that needs immediate attention?		If immediate at needed, why is			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the p	roperty?		
	<u> </u>				Number, Street, City, State & Zip Code	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Page 5 of 74 Document

Debtor 1	Alvin L. Jennings		
Debtor 2	Virginia Jennings	Case number (if known)	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 6 of 74

	otor 2 Virginia Jennings				Case nu	umber (if known)	
Par	t 6: Answer These Questi	ions for Repo	orting Purposes				
	What kind of debts do you have?		re your debts primarily consun dividual primarily for a personal,			defined in 11 U	S.C. § 101(8) as "incurred by an
			No. Go to line 16b.				
			Yes. Go to line 17.				
			re your debts primarily busines oney for a business or investmer				
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. St	tate the type of debts you owe that	at are not consumer of	debts or bus	siness debts	
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter 7. Go	o to line 18.			
Do you estimate that after any exempt property is excluded and administrative expenses		— res.	e paid that funds will be available				uded and administrative expenses
	are paid that funds will be available for distribution to unsecured creditors?		l No l Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000		□ 50	5,001-50,000 0,001-100,000 ore than100,000
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50, □ \$50,001 ■ \$100,001 □ \$500,001	- \$100,000 I - \$500,000	\$1,000,001 - \$10 \$10,000,001 - \$5 \$50,000,001 - \$7 \$100,000,001 - \$7	50 million 100 million	□ \$1 □ \$1	500,000,001 - \$1 billion 1,000,000,001 - \$10 billion 10,000,000,001 - \$50 billion ore than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0 - \$50, □ \$50,001 ■ \$100,001 □ \$500,001	- \$100,000 I - \$500,000	□ \$1,000,001 - \$10 □ \$10,000,001 - \$5 □ \$50,000,001 - \$7 □ \$100,000,001 - \$7	50 million 100 million	□ \$ □ \$	500,000,001 - \$1 billion 1,000,000,001 - \$10 billion 10,000,000,001 - \$50 billion fore than \$50 billion
Par	7: Sign Below						
For	you	I have exam	ined this petition, and I declare u	under penalty of perju	ry that the i	nformation prov	ided is true and correct.
			sen to file under Chapter 7, I ames Code. I understand the relief a				
			y represents me and I did not pathave obtained and read the notion				ey to help me fill out this
		I request rel	ief in accordance with the chapte	er of title 11, United S	tates Code,	specified in this	s petition.
			d making a false statement, conc case can result in fines up to \$25				by fraud in connection with a th. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Alvin L Alvin L. Je Signature of		Vir	Virginia J rginia Jen Inature of D	nings	_
		Executed or	June 22, 2019 MM / DD / YYYY	Exc	ecuted on	June 22, 201	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

	L. Jennings	OT ICI DOCT	Document	Page 7 of 74	21113 22.40.40	Desc Main
Debtor 2 Virgin	ia Jennings				Case number (if known)	
For your attorney represented by or		under Chapter 7, 11, 12,	or 13 of title 11, Unite	ed States Code, and hav	e explained the relief av	s) about eligibility to proceed vailable under each chapter equired by 11 U.S.C. § 342(b)
If you are not repart an attorney, you of to file this page.	•	and, in a case in which § schedules filed with the p		, certify that I have no kr	nowledge after an inquiry	y that the information in the
		/s/ Thomas J. Orr		Date	June 22, 2019	
		Signature of Attorney for	Debtor		MM / DD / YYYY	
		Thomas J. Orr				
		Printed name				
		Allen Chern LLC				
		Firm name				
		Thomas J. Orr				
		321 High Street	_			
		Burlington, NJ 08016 Number, Street, City, State & ZIF				

tom@torrlaw.com

Email address

Contact phone (609)386-8700

O16181981 NJ Bar number & State

	Case	19-22/01-6	CF DOCT	_	cument Page 8 of 74	//19	0.46 L	Desc Main
Fill	in this inform	nation to identify	your case and th	is filinç	g:			
Deb	tor 1	Alvin L. Jeni	nings					
		First Name		Name	Last Name			
	tor 2 use, if filing)	Virginia Jen		Name	Last Name			
Unit	ed States Ban	nkruptcy Court for	the: DISTRICT	OF NE\	W JERSEY			
O								
Cas	e number							☐ Check if this is an amended filing
		/-						
_		<u>rm 106A/E</u>	_					
Sc	hedule	e A/B: Pı	roperty					12/15
nfori	mation. If more ver every quest	space is needed, a	attach a separate sl	neet to t	married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In			
Do	you own or ha	ave any legal or eg	uitable interest in a	nv resid	ence, building, land, or similar property?			
_				,	ones, wantang, tana, or comman property.			
	No. Go to Part							
-	Yes. Where is	the property?						
1.1				What	is the property? Check all that apply			
	3 De Grass	se Street			Single-family home	Do not deduc	ct secured cla	ims or exemptions. Put
	Street address, if	f available, or other des	cription	_	Duplex or multi-unit building	the amount of	of any secured	I claims on Schedule D:
					Condominium or cooperative	Orcanors W	o riave olain	is occured by 1 reporty.
				П	Manufactured or mobile home			
	Fords	NJ	08863-0000	_		Current valuentire prope		Current value of the portion you own?
	City	State	ZIP Code		Investment property	· · · · · ·	0,000.00	\$350,000.00
					Timeshare	Describe the	a nature of y	our ownership interest
				Who	Other has an interest in the property? Check one	(such as fee a life estate)		ancy by the entireties, or
					Debtor 1 only	-	y the Ent	irety
	Middlesex				•			
	County				Debtor 1 and Debtor 2 only	— Check i	f this is com	munity property
					At least one of the debtors and another	(see instr		manity property
					r information you wish to add about this ite	m, such as loc	al	
				hrob	erty identification number:			
					your entries from Part 1, including any			\$350,000.00
	pages you ha	ive attached for	rart 1. Write that	numbe	r here	=	<u> </u>	+,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Del	otor 1	Alvin L. Jenn	inas	Document	Page 9 of 74		
	otor 2	Virginia Jenr				Case number (if known)	
3. C	ars, vai	ns, trucks, tracte	ors, sport utility ve	hicles, motorcycles			
Г] No						
	Yes						
_	163						
3.	l Make	. Jeep		Who has an interest in th	e property? Check one		cured claims or exemptions. Put
0.	Mode	- 10	erokee	Debtor 1 only	o property. Oneck one		secured claims on Schedule D: ve Claims Secured by Property.
	Year:			Debtor 2 only			, , ,
	Appro	oximate mileage:	62000	■ Debtor 1 and Debtor 2	only	Current value of entire property?	the Current value of the portion you own?
	Other	r information:		☐ At least one of the debt	ors and another		
				Check if this is comm (see instructions)	unity property	\$20,000	\$20,000.00
Par	pages y	ou have attache	ed for Part 2. Write to				\$20,000.00
		·		terest in any of the follov	ving items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		old goods and fues: Major appliant	ces, furniture, linens	, china, kitchenware			
ı	Yes.	Describe					
			Haysahald gaa	do and furnishings			\$2,000.0
			nousenoia good	ds and furnishings			φ2,000.0
	No	es: Televisions ar		eo, stereo, and digital equi nedia players, games	pment; computers, pri	inters, scanners; music c	ollections; electronic devices
ı	Example ■ No		figurines; paintings, ns, memorabilia, co		oks, pictures, or other	art objects; stamp, coin	or baseball card collections;
		ent for sports an es: Sports, photoo musical instru	graphic, exercise, an	d other hobby equipment;	bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;
_		Describe					
_	Firearm Examp ■ No		, shotguns, ammunit	tion, and related equipmer	t		
		Describe					

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

Official Form 106A/B Schedule A/B: Property page 2

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Page 10 of 74 Document Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings Case number (if known) 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$2,000.00 Wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Jewelry \$1,700.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,700.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking Santander Bank \$1.00 17.1. **Capital One Bank** \$1.00 Checking 17.2. Other financial **NYM FCU** \$480.00 17.3. account

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No

☐ Yes...... Institution or issuer name:

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 11 of 74

	ebtor 1 ebtor 2	Alvin L. Jei Virginia Jei	•			Ca:	se number (if known)	
19	joint v		stock and interests	in incorporate	d and unincorpora	ted businesses, i	ncluding an interest i	n an LLC, partnership, and
	■ No □ Yes.	Give specific in	nformation about the Name of enti			%	of ownership:	
20	Negoti Non-ne ■ No	able instrument egotiable instru	ts include personal o	checks, cashiers u cannot transfer m	e and non-negotial ' checks, promissory to someone by sign	y notes, and mone		
21	Examp	nent or pensio bles: Interests in		h, 401(k), 403(b)), thrift savings acco	unts, or other pens	sion or profit-sharing pla	ans
	■ No □ Yes.	List each accou	ınt separately. Type of accoun	ıt:	Institution name:			
22	Your s Examp	hare of all unus			you may continue s c utilities (electric, ga		a company imunications companie	s, or others
	■ No □ Yes.				Institution name o	r individual:		
23	. Annuit i ■ No □ Yes	`	for a periodic payme		you, either for life or	for a number of ye	ears)	
24	26 U.S.0	C. §§ 530(b)(1)	, 529A(b), and 529(b	b)(1).			ied state tuition progr	am.
25	☐ Yes . Trusts.				•	•	, ,	isable for your benefit
	■ No	-	nformation about the		, a a j. g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 p	,
26					her intellectual pro om royalties and lice			
		•	nformation about the					
27	Examp ■ No	oles: Building pe	, and other general ermits, exclusive lice nformation about the	enses, cooperati	ve association holdi	ngs, liquor licenses	s, professional licenses	
M		property owed						Current value of the portion you own? Do not deduct secured claims or exemptions.
28	_	unds owed to	you					
	■ No □ Yes.	Give specific in	formation about the	m, including whe	ether you already file	ed the returns and	the tax years	
29	■ No		,	, spousal suppo	rt, child support, ma	intenance, divorce	settlement, property se	ettlement

Official Form 106A/B Schedule A/B: Property page 4

Filed 06/27/19 Entered 06/27/19 22:46:48 Case 19-22761-KCF Doc 1 Document Page 12 of 74 Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings Case number (if known) 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance $\hfill \square$ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$482.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

54. Add the dollar value of all of your entries from Part 7. Write that number here

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Give specific information.......

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

\$0.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 13 of 74

Alvin L. Jennings Debtor 1 Debtor 2 Virginia Jennings Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$350,000.00 Part 2: Total vehicles, line 5 56. \$20,000.00 \$5,700.00 Part 3: Total personal and household items, line 15 57. Part 4: Total financial assets, line 36 58. \$482.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$26,182.00 \$26,182.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$376,182.00

Official Form 106A/B Schedule A/B: Property page 6

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

		17(7(4)))(1)	1 (11)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Alvin L. Jennings	· · · · · · · · · · · · · · · · · · ·		
	First Name	Middle Name	Last Name	
Debtor 2	Virginia Jennings	3		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number _				
(if known)				☐ Check if this is a amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	3 De Grasse Street Fords, NJ 08863 Middlesex County	\$350,000.00		\$25,456.00	11 U.S.C. § 522(d)(1)				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	Household goods and furnishings Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)				
	Line from Scriedule A/B: 0.1			100% of fair market value, up to any applicable statutory limit					
	Wearing apparel Line from Schedule A/B: 11.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)				
	Line Ironi Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit					
	Jewelry Line from Schedule A/B: 12.1	\$1,700.00		\$1,700.00	11 U.S.C. § 522(d)(4)				
	Line Irom Scriedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit					
	Checking: Santander Bank	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)				
	Line from Schedule A/B: 17.1			100% of fair market value, up to					

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 15 of 74

Alvin L. Jennings

Debtor 1 Virginia Jennings Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Capital One Bank** 11 U.S.C. § 522(d)(5) \$1.00 \$1.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Other financial account: NYM FCU 11 U.S.C. § 522(d)(5) \$480.00 \$480.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

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	Case	.9-22101-ICI	Doc i Tiled 00/27/	Page 16	of 71	22.40.40 Desi	J Mairi
Fill i	n this informa	tion to identify you		F AUE. TO	01.74		
Dobt	o = 1	Abria I Jamina	_				
Debt	OI I	Alvin L. Jenning First Name	Middle Name	Last Name			
Debte	or 2	Virginia Jenning	S				
(Spous	se if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Bank	ruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case	number						
(if knov	wn)					☐ Check	if this is an
						ameno	led filing
∩ffi	cial Form	106D					
			\\/\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	C	les - Duran and		
Scr	neaule L): Creditors	Who Have Claims	securea	by Propert	У	12/15
is nee			two married people are filing togethout, number the entries, and attach it t				
	•	ave claims secured by	your property?				
_			is form to the court with your other	schedules. You	ı have nothing else t	o report on this form.	
_	_	Il of the information b	•	conocaros. To	a navo notimig oloo t	o report our time form.	
			oelow.				
Part	1: List All	Secured Claims			Column A	Column B	Column C
			nore than one secured claim, list the cred a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
			al order according to the creditor's name		Do not deduct the	that supports this	portion
2.1	NewRez LL	C	Describe the property that secures the claim:		value of collateral. \$324,544.00	s350,000.00	If any \$0.00
2.1	Creditor's Name		3 De Grasse Street Fords, N		Ψ324,344.00	Ψ330,000.00	Ψ0.00
			Middlesex County				
	PO Box 108	226	As of the date you file, the claim is:	Check all that			
	Greenville,		apply. Contingent				
-		ity, State & Zip Code	☐ Unliquidated				
		.,, с с, с	☐ Disputed				
Who	owes the debt	? Check one.	Nature of lien. Check all that apply.				
□ De	ebtor 1 only		☐ An agreement you made (such as r	nortgage or secu	red		
□ De	ebtor 2 only		car loan)				
■ De	ebtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At	least one of the	debtors and another	☐ Judgment lien from a lawsuit				

First Mortgage

7348

Other (including a right to offset)

Last 4 digits of account number

 $\hfill\square$ Check if this claim relates to a

community debt Date debt was incurred

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 17 of 74

Deb	tor 1	Alvin L. Jennings				Case number (if known)		
		First Name	Middle Name	Last Name				
Deb	tor 2	Virginia Jennings						
		First Name	Middle Name	Last Name				
	1 -							
2.2		ota Motor Credit	Doscribo (the property that secures	the claim:	\$25,273.00	\$20,000.00	\$5,273.00
		rporation itor's Name		<u>' ' ' ' ' </u>				+0,2:0:00
	Orou	noi o ivamo	miles	ep Grand Cherokee	62000			
	ВО	Box 5236	illies					
		rol Stream, IL	As of the capply.	date you file, the claim is	: Check all that			
	601	97-5236	Conting	pent				
	Num	ber, Street, City, State & Zip Co						
			☐ Dispute					
Who	owe	s the debt? Check one.		lien. Check all that apply.				
	ebtor	1 only	☐ An agre	eement you made (such as	s mortgage or s	ecured		
	ebtor	2 only	car loa	an)				
_		1 and Debtor 2 only	☐ Statuto	ry lien (such as tax lien, m	echanic's lien)			
ПА	t leas	t one of the debtors and ar	other	ent lien from a lawsuit				
		if this claim relates to a nunity debt	Other (including a right to offset)	Auto Loa	n		
Date	debt	was incurred	Las	st 4 digits of account nur	nber <u>6527</u>	<u> </u>		
Ad	ld the	dollar value of your entri	es in Column A on	this page. Write that nur	mber here:	\$349,817.0	00	
		the last page of your for		. •			_	
Wr	rite th	at number here:				\$349,817.0	JU	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

		Doc	<u>iment Pade</u>	18 Ot 74			
Fill in this infor	mation to identify your o	ase:					
Debtor 1	Alvin L. Jennings						
	First Name	Middle Name	Last Name	Э			
Debtor 2 (Spouse if, filing)	Virginia Jennings First Name	Middle Name	Last Name	9			
United States Ba	ankruptcy Court for the:	DISTRICT OF NE	W JERSEY				
Case number (if known)						_	if this is an ed filing
Official For							
Schedule E	E/F: Creditors W	ho Have Un	secured Claim	S			12/15
Schedule G: Exect Schedule D: Credieft. Attach the Coname and case nu Part 1: List A 1. Do any credit No. Go to Yes.	All of Your PRIORITY Unstors have priority unsecured	red Leases (Official lired by Property. If ne. If you have no info secured Claims	Form 106G). Do not incluore space is needed, co rmation to report in a Pa	de any credito py the Part yo rt, do not file t	ors with partially s u need, fill it out, i that Part. On the to	ecured claims that a number the entries ir op of any additional p	re listed in the boxes on the pages, write your
identify what to possible, list the	repriority unsecured claims ype of claim it is. If a claim hat he claims in alphabetical orde than one creditor holds a par	s both priority and non r according to the cred	priority amounts, list that o litor's name. If you have m	claim here and	show both priority a	nd nonpriority amount	s. As much as
(For an explar	nation of each type of claim, se	ee the instructions for	this form in the instruction		otal claim	Priority	Nonpriority
2.1 Linday	/i Hutson	last 4 d	gits of account number		\$0.00	amount \$0.00	amount \$0.00
Priority C 503 Va	reditor's Name n Siclen Avenue yn, NY 11207		as the debt incurred?		Ψ0.00	. <u> </u>	
	Street City State Zip Code	As of the	e date you file, the claim	is: Check all th	at apply		
Who incurre	ed the debt? Check one.	☐ Conti	ngent				
Debtor 1	only	☐ Unliq	uidated				
Debtor 2	only	☐ Dispu	ited				
Debtor 1	and Debtor 2 only	Type of	PRIORITY unsecured cla	iim:			
☐ At least o	ne of the debtors and anothe	Dome	estic support obligations				
☐ Check if	this claim is for a commun	ity debt 🔲 Taxe	s and certain other debts y	ou owe the gov	vernment		
Is the claim	subject to offset?	☐ Claim	s for death or personal inj	ury while you w	ere intoxicated		
No		☐ Othe	. Specify				
☐ Yes			Child supp	ort - currer	nt		
	Il Revenue Service reditor's Name x 7346		gits of account number	<u>3710</u> 2017	\$15,134.00	\$15,134.00	\$0.00
Philade Number S	elphia, PA 19101-7346 Street City State Zip Code		e date you file, the claim	is: Check all th	at apply		
Who incurre	ed the debt? Check one.	☐ Conti	ngent				
Debtor 1	only	☐ Unliq	uidated				
Debtor 2	only	□ Dispu					
Debtor 1	and Debtor 2 only		PRIORITY unsecured cla	nim:			
_	one of the debtors and anothe	Dome	estic support obligations				
_	this claim is for a commun		s and certain other debts y	ou owe the aov	vernment		
	subject to offset?	_	s for death or personal inj	_			
■ No			. Specify	•			
☐ Yes		_ 56	Taxes				

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Debtor 1 Alvin L. Jennings

Debtor 2 Virginia Jennings		Case nur	mber (if known)				
2.3 Internal Revenue Service Priority Creditor's Name PO Box 7346	Last 4 digits of account number When was the debt incurred?	3710 2018	\$8,345.00	\$8,345.00	\$0.00		
Philadelphia, PA 19101-7346	when was the dept incurred?	2010					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply				
Who incurred the debt? Check one.	☐ Contingent						
☐ Debtor 1 only	☐ Unliquidated						
Debtor 2 only	☐ Disputed						
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:					
☐ At least one of the debtors and another	☐ Domestic support obligations						
☐ Check if this claim is for a community del	Taxes and certain other debts	ou owe the go	overnment				
Is the claim subject to offset?	Claims for death or personal in	ury while you	were intoxicated				
■ No	☐ Other. Specify						
Yes	Taxes						
2.4 Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	3710	\$1,254.00	\$1,254.00	\$0.00		
PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	2016					
Number Street City State Zip Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	☐ Contingent						
Debtor 1 only	☐ Unliquidated						
Debtor 2 only	☐ Disputed						
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:					
☐ At least one of the debtors and another	☐ Domestic support obligations						
☐ Check if this claim is for a community del	Taxes and certain other debts	ou owe the go	overnment				
Is the claim subject to offset?	☐ Claims for death or personal in	_					
■ No	☐ Other. Specify						
Yes	Taxes						
2.5 State of New York Priority Creditor's Name	Last 4 digits of account number	3710	\$385.00	\$385.00	\$0.00		
State Processing Center PO Box 15555 Albany, NY 12212-5555	When was the debt incurred?	2017					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply				
Who incurred the debt? Check one.	☐ Contingent						
Debtor 1 only	☐ Unliquidated						
Debtor 2 only	Debtor 2 only						
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:					
☐ At least one of the debtors and another	☐ Domestic support obligations						
☐ Check if this claim is for a community del	Taxes and certain other debts	ou owe the a	overnment				
Is the claim subject to offset?	☐ Claims for death or personal in	•					
■ No	Other. Specify	-					
Yes	Taxes						

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 20 of 74

Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings		Case nur	mber (if known)		
State of New York	Last 4 digits of account number	3710	\$1,042.00	\$1,042.00	\$0.00
Priority Creditor's Name State Processing Center PO Box 15555	When was the debt incurred?	2018			
Albany, NY 12212-5555					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	☐ Disputed				
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the go	overnment		
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you	were intoxicated		
■ No	☐ Other. Specify				
Yes	Taxes				
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify wh	at type of clai	im it is. Do not list claims	already included in Pa	rt 1. If more
				Total clai	m
4.1 Affinity FCU	Last 4 digits of account numb	er 8231			\$5,934.00
Nonpriority Creditor's Name 73 Mountainview Boulevard	When was the debt incurred?				φ5,954.00
Basking Ridge, NJ 07920	When was the debt incurred?				Ф 5,934.00
Number Street City State Zip Code					45,354.00
Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check	all that apply		\$3,334.00
	As of the date you file, the cla	im is: Check	all that apply		\$3,934.00
Debtor 1 only	As of the date you file, the cla	im is: Check	all that apply		\$3,334.00
■ Debtor 1 only□ Debtor 2 only	_	im is: Check	all that apply		\$3,934.00
_ ′	Contingent	im is: Check	all that apply		\$3,934.00
Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsec		all that apply		<u> </u>
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsec	ured claim:			<u> </u>
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsection ☐ Student loans ☐ Obligations arising out of a second	ured claim:		ou did not	\$3,934.00
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsec ☐ Student loans ☐ Obligations arising out of a seeport as priority claims	ured claim: eparation agr	eement or divorce that y	ou did not	\$3,334.00
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsection ☐ Student loans ☐ Obligations arising out of a second	ured claim: eparation agr aring plans, a	eement or divorce that y nd other similar debts	ou did not	Ф 3,334.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 21 of 74

Debtor 1 Alvin L. Jennings

Debto	or 2 Virginia Jennings	Case number (if known)	
4.2	American Express	Last 4 digits of account number 1243	\$1,132.00
	Nonpriority Creditor's Name PO Box 981535 EI Paso, TX 79998	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit card purchases	
4.3	American Express	Last 4 digits of account number 6093	\$1,132.00
	Nonpriority Creditor's Name PO Box 981535 EI Paso, TX 79998	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4.4	Barclays Bank Delaware	Last 4 digits of account number 0624	\$10,121.00
	Nonpriority Creditor's Name 125 South West Street Wilmington DE 10904	When was the debt incurred?	
	Wilmington, DE 19801 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 22 of 74

Debtor 1 Alvin L. Jennings

Debto	or 2 Virginia Jennings	Case number (if known)	
4.5	Bay Ridge FCU	Last 4 digits of account number 0001	\$18,198.00
	Nonpriority Creditor's Name 1750 86th Street Brooklyn, NY 11214	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Personal Loan	
4.6	Citibank	Last 4 digits of account number 3512	\$998.00
	Nonpriority Creditor's Name PO Box 769004 San Antonio, TX 78245-9004	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases	
4.7	Comcast Cable	Last 4 digits of account number 2165	\$564.00
	Nonpriority Creditor's Name 1701 JFK Boulevard Philodolphia BA 10103	When was the debt incurred?	
	Philadelphia, PA 19103 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Utility Bills	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 23 of 74

Debto	Virginia Jennings	Case number (if known)	
4.8	Comenity Bank/Big Lots	Last 4 digits of account number	\$750.00
	Nonpriority Creditor's Name PO Box 182125	When was the debt incurred?	
	Columbus, OH 43218-2125		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	☐ Yes	■ Other. Specify Credit card purchases	
	Comenity Bank/New York and		
4.9	Company	Last 4 digits of account number 6130	\$457.00
	Nonpriority Creditor's Name PO Box 182125	When was the debt incurred?	
	Columbus, OH 43218-2125	When was the debt incurred:	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify Credit card purchases	
4.1 0	Comenity Bank/Overstock	Last 4 digits of account number 6635	\$8,937.00
	Nonpriority Creditor's Name		
	PO Box 659728 San Antonio, TX 78265-9728	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 24 of 74

Debtor 2	1 Alvin L. Jennings 2 Virginia Jennings	Case number (if known)	
4.1 1	Comenity Bank/TotalVS	Last 4 digits of account number 3675	\$3,209.00
	Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4.1	Comenity Bank/Victorias Secret	Last 4 digits of account number 2404	\$702.00
	Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.1	Comenity Bank/Wayfair	Last 4 digits of account number 3867	\$3,671.00
	Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 25 of 74

Debtor 1 Alvin L. Jennings

Debto	or 2 Virginia Jennings	Case number (if known)	
1.1 1	DSNB Macys	Last 4 digits of account number 2008	\$1,625.00
	Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases	
4.1	Home Depot	Last 4 digits of account number 3466	\$720.00
,	Nonpriority Creditor's Name		<u> </u>
	PO Box 790328	When was the debt incurred?	
	Saint Louis, MO 63179 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the stannie. Once the that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
1.1	Wai Ching Li	Last 4 digits of account number	\$3,261.00
	Nonpriority Creditor's Name 1528 West 7th Street	When was the debt incurred?	
	Brooklyn, NY 11204 Number Street City State Zip Code	As of the date you file the plains in Observal, all that such	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only		
	Deptor 1 and Deptor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Rent	
	00	— Ourier. Specify	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 26 of 74

Debto Debto	r 1 Alvin L. Jennings r 2 Virginia Jennings	Case number (if known)	
4.1 7	Merrick Bank	Last 4 digits of account number 6718	\$3,307.00
	Nonpriority Creditor's Name PO Box 9211	When was the debt incurred?	
	Old Bethpage, NY 11804		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.1 8	Mohela/Department of Education	Last 4 digits of account number 0003	\$6,699.00
	Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	■ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student Loan	
4.1 9	Mohela/Department of Education	Last 4 digits of account number	\$3,599.00
	Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Student Loan	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 27 of 74

Debtor 1 Alvin L. Jennings

Virginia Jennings	Case number (if known)		
Mohela/Department of Education	Last 4 digits of account number 0001	\$3,288.0	
Nonpriority Creditor's Name 633 Spirit Drive	When was the debt incurred?	40, 200	
Chesterfield, MO 63005			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only			
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another	Student loans		
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify		
	Student Loan		
Navient	Last 4 digits of account number	\$3,629.0	
Nonpriority Creditor's Name PO Box 9500	When was the debt incurred?		
Wilkes Barre, PA 18773-9500	When was the dest incurred:		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	☐ Other. Specify		
	Student Loan		
Nissan Motor Acceptance			
Corporation	Last 4 digits of account number 3542	Unknow	
Nonpriority Creditor's Name 8900 Freeport Parkway	When was the debt incurred?		
Irving, TX 75063-2438 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	As of the date you file, the claim is. Offect all that apply		
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	□ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
□ Yes	■ Other Specify Deficiency		

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 28 of 74

	or 1 Alvin L. Jennings Virginia Jennings	Case number (if known)	
4.2 3	NYM Federal Credit Union	Last 4 digits of account number 2237	\$1,000.00
	Nonpriority Creditor's Name 501 6th Street	When was the debt incurred?	
	Brooklyn, NY 11215		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	Contingent	
	■ Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Personal Loan	
4.2	Robert Wood Johnson University	Last 4 digits of account number 0258	\$200.00
4	Hospital Nonpriority Creditor's Name	Last 4 digits of account number	Ψ200.00
	PO Box 903	When was the debt incurred?	
	Oceanport, NJ 07757 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dailings. Oneon all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill	
4.2	Sprint	Last 4 digits of account number 6840	\$2,869.00
5	Nonpriority Creditor's Name	Last 4 digits of account number 0840	Ψ2,003.00
	6391 Sprint Parkway Overland Park, KS 66251	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Services Rendered	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 29 of 74

Debtoi Debtoi	1 Alvin L. Jennings 2 Virginia Jennings	Case number (if known)	
4.2	Synchrony Bank/ABT Electronics	Last 4 digits of account number 5593	\$7,474.00
	Nonpriority Creditor's Name Att'n: Bankruptcy Department PO Box 965022 Orlando, FL 32896-5022	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.2	Synchrony Bank/Amazon Nonpriority Creditor's Name	Last 4 digits of account number 4912	\$4,295.00
	Att'n: Bankruptcy Department PO Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
	La res	Other. Specify Oreal card parchases	
4.2	Synchrony Bank/Gap Nonpriority Creditor's Name	Last 4 digits of account number 2391	\$314.00
	Att ['] n: Bankruptcy Department PO Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 30 of 74

Debtor 1 Alvin L. Jennings

Debtor 2 Virginia Jennings		Case number (if known)				
4.2	Synchrony Bank/Walmart	Last 4 digits of account number 7150	\$4,281,00			
9	Nonpriority Creditor's Name Att'n: Bankruptcy Department PO Box 965022	When was the debt incurred?	, , , ,			
	Orlando, FL 32896-5022 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify				
4.3 0	Synchrony BankTJ Maxx	Last 4 digits of account number 1788	\$666.00			
	Nonpriority Creditor's Name PO Box 103104 Roswell, GA 30076	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset? —	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit card purchases				
4.3 1	Webbank/Fingerhut	Last 4 digits of account number 2102	\$446.00			
	Nonpriority Creditor's Name PO Box 81577 Austin, TX 78708	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases				

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 31 of 74

Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings	Case number (if known)			
Name and Address Credit Management, L.P. 6080 Tennyson Parkway	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one):			
Suite 100 Plano, TX 75024-6002	Last 4 digits of account number	1192		
Name and Address Diversified Consultants PO Box 551268 Jacksonville, FL 32255	On which entry in Part 1 or Part 2 did Line 4.25 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Office of the Attorney General State of New York The Capitol Albany, NY 12224-0341	On which entry in Part 1 or Part 2 did Line 2.5 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Office of the Attorney General State of New York The Capitol Albany, NY 12224-0341	On which entry in Part 1 or Part 2 did Line 2.6 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Name and Address Selip and Stylianou, LLP 10 Forest Avenue Suite 300 PO Box 914 Paramus, NJ 07653-0914	On which entry in Part 1 or Part 2 did Line 4.26 of (<i>Check one</i>):	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	3325		
Name and Address Selip and Stylianou, LLP 10 Forest Avenue Suite 300 PO Box 914 Paramus, NJ 07653-0914	On which entry in Part 1 or Part 2 did Line 4.29 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	3322		
Name and Address United States Attorney Peter Rodino Federal Building 970 Broad Street Suite 700 Newark, NJ 07102	On which entry in Part 1 or Part 2 did Line 2.2 of (Check one):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number			
Name and Address United States Attorney Peter Rodino Federal Building 970 Broad Street Suite 700 Newark, NJ 07102	On which entry in Part 1 or Part 2 did Line 2.3 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number			
Name and Address United States Attorney Peter Rodino Federal Building 970 Broad Street Suite 700	On which entry in Part 1 or Part 2 did Line 2.4 of (<i>Check one</i>):	you list the original creditor? ■ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims		

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 32 of 74

Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings		Case number (if known)
Name and Address United States Attorney General United States Department of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	On which entry in Part 1 or Part 2 did y Line 2.2 of (Check one): Last 4 digits of account number	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address United States Attorney General United States Department of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	On which entry in Part 1 or Part 2 did y Line 2.3 of (Check one): Last 4 digits of account number	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address United States Attorney General United States Department of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 26,160.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 26,160.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 17,215.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 86,263.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 103,478.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

		I A A A A A A A A A A A A A A A A A A A	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Alvin L. Jennings	 3		
	First Name	Middle Name	Last Name	
Debtor 2	Virginia Jennings	5		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEE	RSEY	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
2.0	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	2.1.)				
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	,		• • • • • • • • • • • • • • • • • • • •	0000	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

		Document	Page 34 of	74	
Fill in this in	formation to identify your ca	ase:			
Debtor 1	Alvin L. Jennings				
5 1 6	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Virginia Jennings First Name	Middle Name	Last Name		
	Bankruptcy Court for the:	DISTRICT OF NEW JERS			
Case number (if known)					☐ Check if this is an amended filing
	orm 106H le H: Your Code	ebtors			12/15
people are fili ill it out, and		ly responsible for supplyi oxes on the left. Attach th	ng correct informatio	n. If more space is neede	s possible. If two married ed, copy the Additional Page, any Additional Pages, write
1. Do you	u have any codebtors? (If yo	ou are filing a joint case, do	not list either spouse a	s a codebtor.	
□ No ■ Yes					
	the last 8 years, have you I California, Idaho, Louisiana, N				tes and territories include
_	o to line 3. oid your spouse, former spous	e, or legal equivalent live w	ith you at the time?		
in line 2	again as a codebtor only if t 6D), Schedule E/F (Official F	that person is a guarantor	or cosigner. Make su	ure you have listed the cr	th you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill
	lumn 1: Your codebtor ne, Number, Street, City, State and ZIP	Code		Column 2: The credito Check all schedules tha	r to whom you owe the debt at apply:
335 Ap	ben Vasquez 5 78th Street t. I 5-A poklyn, NY 11209			☐ Schedule D, line _ ■ Schedule E/F, line ☐ Schedule G Bay Ridge FCU	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 35 of 74

Fill	in this information to identify your ca	ase:		
Deb	otor 1 Alvin L. Jen	nings		
	otor 2 Virginia Jen	nings		
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY	
(If kn	fficial Form 106l			Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY
	chedule I: Your Inc		and and Climate and an Obstanta	d Debtor 2), both are equally responsible for
atta	use. If you are separated and you ch a separate sheet to this form. to the determinant the det	r spouse is not filing wi	th you, do not include information onal pages, write your name and c	g with you, include information about your about your spouse. If more space is needed, ase number (if known). Answer every question
	information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed	Employed
	information about additional	in a separate page with		☐ Not employed
	employers.	Occupation	Network Administrator	Medical Assistant
	Include part-time, seasonal, or self-employed work.	Employer's name	Metropolitan Jewish Health System	NY Presbyterian Hospital
	Occupation may include student or homemaker, if it applies.	Employer's address		
			New York, NY	Brooklyn, NY
		How long employed the	nere? 13 years	2.5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,934.09 3,412.85 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 6,934.09 3,412.85

Official Form 106I Schedule I: Your Income page 1

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 36 of 74

	tor 1 tor 2	Alvin L. Jennings Virginia Jennings	-	Case	number (if known)				
	Con	y line 4 here	4.	For	Debtor 1 6,934.09		ebtor 2 or iling spouse 3,412.85		
	COL	y line 4 nere	4.	Ψ_	6,934.09	Ψ	3,412.03		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,424.67	\$	601.38		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	102.38		
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00		
	5e. 5f.	Insurance	5e. 5f.	\$_ \$	437.67	\$ \$	0.00		
	5i. 5g.	Domestic support obligations Union dues	51. 5g.	- \$ \$	697.67 0.00	\$	0.00 67.58		
	5h.	Other deductions. Specify:	5h.+	: —	0.00	· · · · · · · · ·	0.00		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	* — \$	2,560.01	\$	771.34		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	4,374.08	\$	2,641.51		
8.		all other income regularly received:	••	Ψ_	4,574.00	Ψ	2,041.31		
Ο.	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0	¢	0.00	¢	0.00		
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$_ \$	0.00	\$	0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$	0.00	\$ \$	0.00		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00		
	8e.	Social Security	8e.	\$	0.00	\$	0.00		
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h.+	\$_ \$_ - \$	0.00 0.00 0.00	\$ \$ + \$	0.00 0.00 0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,374.08 + \$_	2,64	1.51 = \$	7,015.59	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$							0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	7,015.59	
13.	 13. Do you expect an increase or decrease within the year after you file this form? ■ No. □ Yes Explain: 							Combined monthly income	

Official Form 106l Schedule I: Your Income page 2

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 37 of 74

=:::					1				
Fill in this	s information to identify y	our case:							
Debtor 1	Alvin L. Jen	nings				eck if thi			
Debtor 2	Virginia Jen	ninas					nended filing plement show	wing postpetition chapter	
(Spouse, i		go			_			the following date:	
United Sta	ates Bankruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM /	DD / YYYY		
Case num	ber								
(II KIIOWII)									
Offici	al Form 106J								
Sche	dule J: Your	Exper	nses					12/	1:
Be as co	mplete and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this						
Part 1:	Describe Your House	ehold							_
	nis a joint case?								
	Yes. Does Debtor 2 live	in a senar	ate household?						
	■ No	и сори	ato nouconola i						
	_	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.			
2. Do	you have dependents?	□ No							
	not list Debtor 1 and otor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relation		De ag	ependent's le	Does dependent live with you?	
Do	not state the							□ No	
dep	endents names.			Daughter		_ 4		■ Yes □ No	
								☐ Yes	
								□ No	
								☐ Yes	
								□ No □ Yes	
	your expenses include		No					- 100	
	enses of people other t rself and your depende		Yes						
Part 2:	Estimate Your Ongo		ly Evnansas						
Estimate	your expenses as of y s as of a date after the	our bankr	uptcy filing date unless y y is filed. If this is a supp						-
			government assistance in						
	Form 106l.)		nada n on concado n i	our moome		_	Your exp	enses	
	rental or home owners ments and any rent for th		nses for your residence. In	nclude first mortgage	e 4.	\$		2,763.00	
If no	ot included in line 4:								
4a.	Real estate taxes				4a.	\$		0.00	
4b.	Property, homeowner'				4b.	·		0.00	
4c. 4d.	Home maintenance, re Homeowner's associa	•			4c. 4d.			0.00 0.00	
			our residence, such as ho	me equity loans		\$		0.00	

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 38 of 74

ebtor 1	Alvin L. Jennings		
ebtor 2	Virginia Jennings	Case number (if known)	
Uti	ities:		
Uti 6a.	Electricity, heat, natural gas	6a. \$	135.00
6b.		6b. \$	85.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	423.00
6d.	Other. Specify: Oil Heat	6d. \$	200.00
Foo	od and housekeeping supplies	7. \$	600.00
Ch	Idcare and children's education costs	8. \$	650.00
Clo	thing, laundry, and dry cleaning	9. \$	75.00
Pei	sonal care products and services	10. \$	0.00
Me	dical and dental expenses	11. \$	25.00
Tra	nsportation. Include gas, maintenance, bus or train fare.		750.00
	not include car payments.	12. \$	750.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
	aritable contributions and religious donations	14. \$	380.00
	urance.		
	not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a. \$	0.00
	o. Health insurance	15a. \$	0.00
	: Vehicle insurance	15c. \$	
	I. Other insurance Specify:	15d. \$	70.00
	Res. Do not include taxes deducted from your pay or included in lines 4 or 2	•	0.00
	ecify:	16. \$	0.00
	tallment or lease payments:		0.00
	. Car payments for Vehicle 1	17a. \$	560.00
17b	c. Car payments for Vehicle 2	17b. \$	0.00
170	:. Other. Specify:	17c. \$	0.00
	I. Other. Specify:	17d. \$	0.00
Yo	ur payments of alimony, maintenance, and support that you did not re	port as	
ded	lucted from your pay on line 5, Schedule I, Your Income (Official Forn	n 106l).	0.00
Oth	er payments you make to support others who do not live with you.	\$	0.00
	ecify:	19.	
	ner real property expenses not included in lines 4 or 5 of this form or		0.00
	Mortgages on other property	20a. \$	0.00
	. Real estate taxes	20b. \$	0.00
	. Property, homeowner's, or renter's insurance	20c. \$	0.00
	I. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	e. Homeowner's association or condominium dues	20e. \$	0.00
	ner: Specify: Work Lunch	21. +\$	100.00
	mily Gifts	+\$	50.00
	r Repairs	+\$	50.00
	use Repairs	+\$	50.00
	ident Loan	+\$	150.00
Stı	udent Loan	+\$	70.00
Cal	culate your monthly expenses		
	a. Add lines 4 through 21.	\$	7,236.00
	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form		
	a. Add line 22a and 22b. The result is your monthly expenses.	\$	7,236.00
220	Add line 22d and 22b. The result is your monthly expenses.	Ψ	7,230.00
	culate your monthly net income.		
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	7,015.59
23b	o. Copy your monthly expenses from line 22c above.	23b\$	7,236.00
230	Subtract your monthly expenses from your monthly income.	23c. \$	-220.41
	The result is your monthly net income.	230. μ	
Do For	you expect an increase or decrease in your expenses within the year example, do you expect to finish paying for your car loan within the year or do you ex	after you file this form?	ease or decrease because o
	example, do you expect to linish paying for your car loan within the year of do you ex dification to the terms of your mortgage?	Poor your mortgage payment to more	acc of acordase because (
_	No.		
	Yes Explain here:		
	IES LEADIGHT HOLD.		

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main

	Case	: 13-22/01-1(C)	Docume	ent Page 39 of 74	+0 Des	oc ivialii
Fill	in this inform	mation to identify your c		EIII FAUE 33 (II / 4		
Del	otor 1	Alvin L. Jennings				
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Virginia Jennings First Name	Middle Name	Last Name		
Uni	ted States Ba	ankruptcy Court for the:	DISTRICT OF NEW JE	RSFY		
		and uptoy Court for the.	DIGITAL OF NEW OF			
	se number _ nown)				_	k if this is an nded filing
Su Be a info you	mmary on the second sec	and accurate as possible out all of your schedules ms, you must fill out a ne	e. If two married peoples first; then complete t	nd Certain Statistical Information e are filing together, both are equally responsible he information on this form. If you are filing amer k the box at the top of this page.	for supplyi	
Par	t 1: Summ	arize Your Assets				
						assets
					value	of what you own
1.	Schedule A 1a. Copy lin	A/B: Property (Official Forme 55, Total real estate, fro	m 106A/B) m Schedule A/B		\$	350,000.00
	1b. Copy lin	ne 62, Total personal prope	erty, from Schedule A/B		\$	26,182.00
	1c. Copy lin	e 63, Total of all property	on Schedule A/B		\$	376,182.00
Par	t 2: Summ	narize Your Liabilities				
						iabilities nt you owe
2.		c Creditors Who Have Cla e total you listed in Colum		y (Official Form 106D) the bottom of the last page of Part 1 of Schedule D		349,817.00
3.		F/F: Creditors Who Have Une total claims from Part 1		al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	26,160.00
	3b. Copy th	ne total claims from Part 2	(nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	103,478.00
				Your total liabilitie	s \$	479,455.00
Par	t 3: Summ	narize Your Income and E	Expenses			
4.		Your Income (Official Forecombined monthly income		e /	\$	7,015.59
5.		: Your Expenses (Official F monthly expenses from line			\$	7,236.00
Par	t 4: Answe	er These Questions for A	Administrative and Sta	tistical Records		
6.	Are you fili	ng for bankruptcy under	Chapters 7, 11, or 13	,		

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 40 of 74

Debtor 1 Alvin L. Jennings

Debtor 2 Virginia Jennings

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,281.35

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	26,160.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	17,215.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	43,375.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 41 of 74

Fill in this	s information to identify your	case:		
Debtor 1	Alvin L. Jennings			
	First Name	Middle Name	Last Name	
Debtor 2	Virginia Jennings			
(Spouse if, filing	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY	
Case num	ber			
(if known)				☐ Check if this is an amended filing
if two marr You must f obtaining i	ried people are filing together file this form whenever you file	, both are equally response bankruptcy scheduler connection with a ban		
	oign below			
Did y	ou pay or agree to pay some	one who is NOT an atto	rney to help you fill out bankr	ruptcy forms?
= 1	No			
	Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	r penalty of perjury, I declare hey are true and correct.	that I have read the sum	nmary and schedules filed wit	h this declaration and
X /s	s/ Alvin L. Jennings		X /s/ Virginia Jen	nings
	Alvin L. Jennings		Virginia Jennin	
	ignature of Debtor 1		Signature of Debte	
D	June 22, 2019		Date June 22,	2019

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 42 of 74

Fill in this infor					
	mation to identify you				
Debtor 1	Alvin L. Jenning	Middle Name	Last Name		
Debtor 2	Virginia Jennin				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the	DISTRICT OF NEW JERS	SEY		
Case number					
(if known)					Check if this is an
					amended filing
Official Fo	rm 107				
		Affairs for Individ	luals Filing for B	ankruptcy	4/19
information. If r number (if know	nore space is needed n). Answer every que	sible. If two married people a , attach a separate sheet to s estion. arital Status and Where You	this form. On the top of any		
	ır current marital stat				
_					
■ Married Not ma	-				
		lived anywhere other than v	where you live now?		
_	iast 5 years, nave you	Three anywhere other than t	where you live now:		
□ No	at all at the allege and	Provide the lead Occasion Decision	. Carlo da colo ana com Pros		
■ Yes. Li	st all of the places you	lived in the last 3 years. Do no	ot include where you live now		
Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
1445 Dah Brooklyn	ill Road , NY 11204	From-To: 2008 to Augus 2017	Same as Debtor 1	ı	Same as Debtor 1 From-To:
states and territo. No Yes. M	ries include Arizona, Ca	ver live with a spouse or leg alifornia, Idaho, Louisiana, New thedule H: Your Codebtors (Of ar Income	vada, New Mexico, Puerto Ri		
		mployment or from operatin	a a husiness during this ve	ear or the two previous cale	ndar vears?
Fill in the tot	al amount of income yo	ou received from all jobs and a have income that you receive	ill businesses, including part-	time activities.	,
□ No					
	ll in the details.				
Tes. Fi	ii iii the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$52,102.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
Official Form 107		Statement of Financial Affa	airs for Individuals Filing for B	ankruptcy	page 1

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 43 of 74

De	btor 2	Vir	ginia Jen	nings		Cas	e number (if known)	
					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$120,318.00	☐ Wages, commissi bonuses, tips	ons, \$0.00
					☐ Operating a business		☐ Operating a busin	ess
			dar year be December		■ Wages, commissions, bonuses, tips	\$124,219.00	☐ Wages, commissi bonuses, tips	ons, \$0.00
					☐ Operating a business		☐ Operating a busin	ess
	•	No	Fill in the de	J	·	,	,	
	winni	ings.	f you are fil	ing a joint case	pensions; rental income; inter e and you have income that y me from each source separat	ou received together, list it o	nly once under Debtor	
	_	100.		adile.	Debtor 1 Sources of income	Gross income from	Debtor 2 Sources of income	Gross income
					Describe below.	each source (before deductions and exclusions)	Describe below.	(before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy		
).		No.	During the No. Yes	ebtor 1 nor Do orimarily for a 90 days befor Go to line 7. List below en paid that cree not include p to adjustment or Debtor 2 or	ach creditor to whom you paid ditor. Do not include paymen payments to an attorney for the on 4/01/22 and every 3 years both have primarily consu- te you filed for bankruptcy, die	mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,825* or more its for domestic support obligation bankruptcy case. It is after that for cases filed on mer debts.	I of \$6,825* or more? n one or more payment ations, such as child su or after the date of adju	s and the total amount you pport and alimony. Also, do
			□ Yes	List below e	ach creditor to whom you pain ments for domestic support of this bankruptcy case.			
	Cree	ditor'	s Name an	d Address	Dates of payme	nt Total amount paid	Amount you Wa still owe	s this payment for

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 44 of 74

Debtor 1 Debtor 2	Alvin L. Jennings Virginia Jennings	Document	Cas	se number (<i>if known</i>)		
<i>Insid</i> of wh	nin 1 year before you filed for bankrupt lers include your relatives; any general pa nich you are an officer, director, person in siness you operate as a sole proprietor. 1 ony.	artners; relatives of any ge a control, or owner of 20%	neral partners; partners or more of their votin	erships of which yog g securities; and a	ou are a genera ny managing ag	l partner; corporation gent, including one fo
■□	No Yes. List all payments to an insider.					
	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
insid	nin 1 year before you filed for bankrupt der? de payments on debts guaranteed or cos				ccount of a de	bt that benefited an
	No Yes. List all payments to an insider					
	der's Name and Address	Dates of payment	Total amount	Amount you		his payment
Part 4:	Identify Legal Actions, Repossession		paid	still owe	Include credi	tor's name
Cas Syr	No Yes. Fill in the details. se title se number nchrony Bank/Walmart vs. Alvin	Nature of the case Collection	Court or agency Middlesex Cou	inty Special	Status of the Pending On appear	
Syr vs.	-014027-18	Collection	MIddlesex Cou Civil Part New Brunswic	inty Special	□ Conclude □ Pending □ On appea	ed
_					☐ Conclude	ed
	i Ching Li vs. Alvin Jennings -004044-19/Kl	Collection	Civil Court of t New York 141 Livingston New York, NY		Pending On appea	
	nin 1 year before you filed for bankrupt ck all that apply and fill in the details belo		perty repossessed, 1	oreclosed, garnis	shed, attached	, seized, or levied?
	No. Go to line 11. Yes. Fill in the information below.					
Cre	ditor Name and Address	Describe the Property Explain what happene		Date		Value of the property
	nin 90 days before you filed for bankru bunts or refuse to make a payment bed No	ptcy, did any creditor, in		nancial institution	n, set off any a	mounts from your
	Yes. Fill in the details. ditor Name and Address	Describe the action th	e creditor took		action was	Amount
				taker	1	

Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Case 19-22761-KCF Doc 1 Page 45 of 74 Document Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of

Address Email or website address Person Who Made the Payment, if Not You	transferred	or transfer was made	payment
Allen Chern LLC 79 W. Monroe St. Fifth Floor Chicago, IL 60603 tom@torrlaw.com	Attorney Fees - \$1800 Filing Fee - \$335	Payment made in installments between 10/19/2018 - 12/27/2018	\$2,135.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Page 46 of 74 Document Alvin L. Jennings Debtor 2 Virginia Jennings Case number (if known) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code) moved, or transfer transferred **Chase Bank** XXXX-April 2019 -\$0.00 Checking negative balance □ Savings ☐ Money Market □ Brokerage □ Other XXXX-**Municipal Credit Union** April 2019 -\$0.00 Checking negative balance □ Savings ☐ Money Market □ Brokerage □ Other

Bank of America

Checking

☐ Savings
☐ Money Market
☐ Brokerage
☐ Other

XXXX-

\$0.00

April 2019 -

negative balance

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 47 of 74

Debtor 1 Alvin L. Jennings
Debtor 2 Virginia Jennings

Case number (if known)

21.		you now have, or did you have within 1 year n, or other valuables?	before you filed for bankruptcy, an	ny sa	afe deposit box or other deposito	ory for securities,
		No Yea Fill in the details				
	Naı	Yes. Fill in the details. me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Des	scribe the contents	Do you still have it?
22.	Hav	e you stored property in a storage unit or pla	, and the second	yea	r before you filed for bankruptcy	?
		No Yes. Fill in the details.				
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Des	scribe the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control for S	Someone Else			
23.		you hold or control any property that someonsomeone.	ne else owns? Include any propert	ty yo	ou borrowed from, are storing for	, or hold in trust
		No Yes. Fill in the details.				
	_	rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value
Par	t 10:	Give Details About Environmental Informa	ition			
or	the p	ourpose of Part 10, the following definitions	apply:			
	toxi regu Site	ironmental law means any federal, state, or loc substances, wastes, or material into the ai ulations controlling the cleanup of these submeans any location, facility, or property as wn, operate, or utilize it, including disposal	r, land, soil, surface water, ground stances, wastes, or material. defined under any environmental la	lwat	er, or other medium, including st	atutes or
	Haz	wn, operate, or utilize it, including disposal a ardous material means anything an environr ardous material, pollutant, contaminant, or s	nental law defines as a hazardous	was	ste, hazardous substance, toxic s	substance,
Rер	ort a	II notices, releases, and proceedings that yo	u know about, regardless of when	the	ey occurred.	
24.	Has	any governmental unit notified you that you	may be liable or potentially liable	und	ler or in violation of an environme	ental law?
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of any	•			
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice
			Lii 3000)			

Filed 06/27/19 Entered 06/27/19 22:46:48 Case 19-22761-KCF Doc 1 Page 48 of 74 Document Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Alvin L. Jennings /s/ Virginia Jennings Alvin L. Jennings Virginia Jennings Signature of Debtor 1 Signature of Debtor 2 Date June 22, 2019 Date June 22, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Page 49 of 74 Document

Debtor 1	Alvin L. Jenn	ings		
	First Name	Middle Name	Last Name	
Debtor 2	Virginia Jenn	ings		
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for t	he: DISTRICT OF NEW JEF	RSEY	
if known)				☐ Check if this is a amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1, For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
☐ Surrender the property.	□ No
 ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. 	■ Yes
Retain the property and [explain]: Retain and pay according to contract	-
☐ Surrender the property.	■ No
Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	☐ Yes
	Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: Retain and pay according to contract ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 50 of 74

Debtor 1 Alvin L. Jennings Debtor 2 Virginia Jennings	Case number (if known)
Lessor's name:	□ No
Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated m property that is subject to an unexpired lease.	y intention about any property of my estate that secures a debt and any personal
X /s/ Alvin L. Jennings	X /s/ Virginia Jennings
Alvin L. Jennings	Virginia Jennings
Signature of Debtor 1	Signature of Debtor 2
Date June 22, 2019	Date June 22, 2019

Fill in this infor	mation to identify your case:					irected	in this form and	in Form
Debtor 1	Alvin L. Jennings		123	2A-1Su	pp:			
Debtor 2 (Spouse, if filing)	Virginia Jennings			□ 1. TI	nere is no pres	umption	of abuse	
United States	Bankruptcy Court for the: District of New Jer	rsey		а	pplies will be m	nade un	der <i>Chapter 7</i> i	mption of abuse Means Test
Case number (if known)				□ 3. TI		does no	ot apply now be but it could ap	
					•		·	piy later.
Official F	orm 122A - 1			LI CIT	eck if this is a	ii aiiiei	idea illing	
	7 Statement of Your Cur	ront Moi	nthly Inc	ome	•			40/45
Chapter	7 Statement of Tour Cur	Tellt Moi	itiliy ilic	OIII				12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married people are sheet to this form. Include the line number to we known). If you believe that you are exempted frow ry service, complete and file Statement of Exempalculate Your Current Monthly Income	vhich the additior m a presumption	nal information a of abuse becau	applies. se you	On the top of and the contract of the contract	ny additi narily co	onal pages, writ	te your name and or because of
1. What is v	our marital and filing status? Check one or	 nlv.						
-	arried. Fill out Column A, lines 2-11.	,.						
	ed and your spouse is filing with you. Fill o	ut hoth Columns	: A and B lines	2-11				
	ed and your spouse is NOT filing with you.							
_	ing in the same household and are not lega	•	•	lumns	A and B lines 2	P-11		
_	ing separately or are legally separated. Fill	• •			•		na this hax vai	ı declare under
per	nalty of perjury that you and your spouse are ling apart for reasons that do not include evadi	egally separated	d under nonban	kruptcy	law that applie	es or tha		
101(10A). For the 6 months,	erage monthly income that you received from all r example, if you are filing on September 15, the 6-m , add the income for all 6 months and divide the total the same rental property, put the income from that p	nonth period would by 6. Fill in the re	be March 1 throisult. Do not include	ugh Aug de any ir	ust 31. If the amo	ount of your	our monthly incom once. For examp	ne varied during ble, if both
				Colum Debto			nn B or 2 or iling spouse	
	ss wages, salary, tips, bonuses, overtime, eductions).	and commission	ons (before all	\$	6,916.67	\$	3,364.68	
	and maintenance payments. Do not include is filled in.	payments from	a spouse if	\$	0.00	\$	0.00	
of you or from an u and room	Ints from any source which are regularly par your dependents, including child support Inmarried partner, members of your household Imates. Include regular contributions from a sp Do not include payments you listed on line 3.	 Include regular your depende 	r contributions nts, parents,	\$	0.00	\$	0.00	
5. Net inco	me from operating a business, profession,							
			otor 1					
	ceipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>						
-	and necessary operating expenses		Copy here ->	¢	0.00	\$	0.00	
	hly income from a business, profession, or far	m \$	oopy nere >	Ψ	0.00	Ψ		
6. Net inco	me from rental and other real property	Deb	otor 1					
Gross red	ceipts (before all deductions)	\$ 0.00						
	and necessary operating expenses	-\$ 0.00						
•	hly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
	dividends and royalties	-		\$	0.00	\$	0.00	

Official Form 122A-1

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 52 of 74

btor 1 btor 2	Alvin Virgin	nia Jennings				Case nur	nber (<i>if known</i>)			
						Column Debtor		Column Debtor 2 non-filin		
3. Une	employn	ment compensation				\$	0.00	\$	0.00	
		r the amount if you con Security Act. Instead, lis		ount received was a	benefit un	nder				
F	or you			\$	0.00					
F	or your	spouse		\$	0.00					
		retirement income. Der the Social Security A		y amount received th	at was a	\$	0.00	\$	0.00	
Do r rece dom	not inclu eived as	m all other sources no ide any benefits receive a victim of a war crime rrorism. If necessary, lis	ed under the Soc , a crime against	ial Security Act or pa humanity, or interna	yments tional or					
						\$	0.00	\$	0.00	
						\$	0.00	\$	0.00	
	Tot	tal amounts from separ	ate pages, if any	' .		+ \$	0.00	\$	0.00	
		our total current mon n. Then add the total fo				6,916.67	_ +	3,364.68	_ = \$	10,281.35
art 2: 2. Cald		ermine Whether the Mo			eps:				incom	current monthly
2. Cal o	culate y . Copy y Multiply		ncome for the y ly income from li	rear. Follow these steemed 11		с	opy line 11		\$ X	10,281.35
2. Cald 12a. 12b.	culate y . Copy y Multiply . The res	your current monthly in your total current month	ncome for the y ly income from li months in a year me for this part o	rear. Follow these steemen 11r) of the form		c	opy line 11		\$ X	10,281.35
2. Cal o 12a. 12b. 3. Cal o	culate y . Copy y Multiply . The res	your current monthly in your total current month by by 12 (the number of sult is your annual inco	ncome for the y ly income from li months in a year me for this part o	rear. Follow these steemen 11r) of the form		с	opy line 11		\$ X	10,281.35
2. Cald 12a. 12b. 3. Cald Fill i	culate y . Copy y Multiply . The res culate the state t	your current monthly in your total current month by by 12 (the number of sult is your annual incomplete median family incomplete in which you live.	ncome for the y ly income from li months in a year me for this part o me that applies household.	rear. Follow these sterne 11 r) of the form s to you. Follow these NJ		c	opy line 11		\$	10,281.35 12 23,376.20
2. Calc 12a. 12b. 3. Calc Fill i Fill i	culate y Copy y Multiply The res Culate the in the state in the ma	your current monthly in your total current month by by 12 (the number of sult is your annual inco	ncome for the y ly income from li months in a year me for this part of me that applies household. your state and s ncome amounts,	rear. Follow these states in a 11	e steps:			1	\$	10,281.35
2. Cald 12a. 12b. 3. Cald Fill i Fill i To f for t	Culate y . Copy y Multiply . The res culate the in the sta in the me in the me ind a list his form	your current monthly in your total current month by by 12 (the number of sult is your annual income the median family income to people in your edian family income for tof applicable median in	ncome for the y ly income from li months in a year me for this part of me that applies household. your state and s ncome amounts,	rear. Follow these states in a 11	e steps:			1	\$	10,281.35 12 23,376.20
2. Cald 12a. 12b. 3. Cald Fill i Fill i To f for t	culate y . Copy y Multiply . The res culate the in the sta in the nu in the ma ind a list this form y do the	rour current monthly in your total current monthly by 12 (the number of sult is your annual incompleted in which you live. In which you live. In which you live in your edian family income for tof applicable median in this list may also be a	ncome for the y ly income from li months in a year me for this part of me that applies household. your state and s ncome amounts, available at the b	rear. Follow these states and 11 for the form so to you. Follow these NJ 3 size of household. so go online using the bankruptcy clerk's office.	e steps:	fied in the sep	oarate instru	1 1 ctions	\$	10,281.35 12 23,376.20
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t	Culate y Copy y Multiply The res Culate the in the sta in the nu in the ma ind a list his form V do the	your current monthly in your total current monthly by 12 (the number of sult is your annual incomplete in which you live. Jumber of people in your edian family income for tof applicable median in this list may also be a lines compare? Line 12b is less than of	ncome for the y ly income from li months in a year me for this part of me that applies household. your state and s ncome amounts, available at the b or equal to line 13	rear. Follow these states in a 11 and a 11 and a 11 and a 11 and a 12 and a	e steps:	fied in the sep	arate instru is no presu	1 ctions mption of ab	\$	10,281.35 12 23,376.20
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t 4. Hov 14a. 14b.	Culate y Copy y Multiply The res Culate the state of t	rour current monthly in your total current monthly by 12 (the number of sult is your annual incomplete in which you live. Imper of people in your edian family incomplete in a policable median in this list may also be a lines compare? Line 12b is less than of Go to Part 3. Line 12b is more than	ncome for the y ly income from li months in a year me for this part of me that applies household. your state and s ncome amounts, available at the b or equal to line 13	rear. Follow these states in a 11 and a 11 and a 11 and a 11 and a 12 and a	e steps:	fied in the sep	arate instru is no presu	1 ctions mption of ab	\$	10,281.35 12 23,376.20
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t 4. Hov 14a. 14b.	Culate y Copy y Multiply The res Culate the in the sta In the me Cind a list his form V do the Sign	rour current monthly in your total current monthly by 12 (the number of sult is your annual incomplete in which you live. Imber of people in your edian family incomplete in applicable median in this list may also be a lettines compare? Line 12b is less than of Go to Part 3. Line 12b is more than Go to Part 3 and fill out in the compare in the sum of the sum	ncome for the y ly income from li months in a year me for this part o me that applies household. your state and s ncome amounts, available at the b or equal to line 13 line 13. On the to	rear. Follow these states in a 11	e steps: link specifice. 1, check	fied in the sep box 1, <i>There</i> e presumptior	is no presul	1 ctions mption of ab	\$	10,281.35 12 23,376.20 03,634.00
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t 4. Hov 14a. 14b.	Multiply The resculate the state of the stat	rour current monthly in your total current monthly by 12 (the number of sult is your annual incomplete in which you live. In the median family incomplete in which you live. In the interpolation of a people in your edian family income for the of applicable median in the interpolation. This list may also be a selines compare? Line 12b is less than of Go to Part 3. Line 12b is more than Go to Part 3 and fill our Below	ncome for the y ly income from li months in a year me for this part o me that applies household. your state and s ncome amounts, available at the b or equal to line 13 line 13. On the to	rear. Follow these states in a 11	e steps: link specifice. 1, check box 2, The	fied in the sep box 1, There e presumption s statement a	is no presul	1 ctions mption of ab	\$	10,281.35 12 23,376.20 03,634.00
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t 4. Hov 14a. 14b.	Multiply The residuate the state of the stat	rour current monthly in your total current monthly by 12 (the number of sult is your annual incomplete in which you live. In the median family incomplete in which you live. In the median family incomplete in your edian family incomplete in the	ncome for the y ly income from li months in a year me for this part o me that applies household. your state and s ncome amounts, available at the b or equal to line 13 line 13. On the to	rear. Follow these states in a 11	e steps: link specifice. 1, check box 2, The	fied in the sep box 1, <i>There</i> e presumptior	is no presul n of abuse is nd in any at nings gs	1 ctions mption of ab	\$	10,281.35 12 23,376.20 03,634.00
2. Calc 12a. 12b. 3. Calc Fill i Fill i To f for t 4. How 14a. 14b.	culate y . Copy y Multiply . The res culate the state of the state o	rour current monthly in your total current monthly by by 12 (the number of sult is your annual incomplete in which you live. In the median family incomplete in which you live. In the median family incomplete in your edian family incomplete in a famil	ncome for the y ly income from li months in a year me for this part o me that applies household. your state and s ncome amounts, available at the b or equal to line 13 line 13. On the to	rear. Follow these state ine 11 r) of the form s to you. Follow these NJ 3 size of household. go online using the bankruptcy clerk's office. 3. On the top of page op of page 1, check the right of the information of the	e steps: link specifice. 1, check box 2, The tion on this X /s/ V Virg Signs	fied in the sep box 1, There e presumption s statement a linginia Jennin	is no presul n of abuse is nd in any at nings gs	1 ctions mption of ab	\$	10,281.35 12 23,376.20 03,634.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 53 of 74

Fill	in this info	ormation to identify your case:		Check the appropriate bo	x as directed in
Del	otor 1	Alvin L. Jennings		lines 40 or 42:	
Del	otor 2	Virginia Jennings		According to the calculation Statement:	ons required by this
	ouse, if filir		-		
Uni	ted States	Bankruptcy Court for the: District of New Jersey		1. There is no presump	otion of abuse.
	se number nown)			2. There is a presumpt	ion of abuse.
			Г	☐ Check if this is an amer	nded filing
		<u>form 122A - 2</u>			
Cł	napter	7 Means Test Calculation			04/19
To f	ill out this	form, you will need your completed copy of Chapter 7 Statem	ent of Your Current I	Monthly Income (Official F	orm 122A-1).
spa add	ce is need itional pag	te and accurate as possible. If two married people are filing toged, attach a separate sheet to this form, Include the line numbles, write your name and case number (if known). Setermine Your Adjusted Income			
1.	Сору уо	ur total current monthly income. Copy line 11	from Official Form 12	22A-1 here=> \$	10,281.35
2.	Did you t	fill out Column B in Part 1 of Form 122A-1?			
	•	Fill in \$0 for the total on line 3.			
	Yes.	ls your spouse Filing with you?			
	□ No.	Go to line 3.			
	■ Yes	Fill in \$0 for the total on line 3.			
3.		our current monthly income by subtracting any part of your spold expenses of you or your dependents. Follow these steps:	oouse's income not ι	ised to pay for the	
		1, Column B of Form 122A–1, was any amount of the income you is of you or your dependents?	reported for your spou	se NOT regularly used for the	ne household
	■ No. I	Fill in 0 for the total on line 3.			
	☐ Yes. I	Fill in the information below:			
		ate each purpose for which the income was used r example, the income is used to pay your spouse's tax debt or to	Fill in the amou		
		oport other than you or your dependents.	your spouse's	income	
			\$	<u></u>	
			\$		
			\$		
		Tatal		— 10	
		Total.	\$0.0		
				Copy total here=>	\$
4.	Adiust ve	our current monthly income. Subtract line 3 from line 1.		\$	10,281.35
	.,	,			

Official Form 122A-2

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 54 of 74

btor 1 btor 2	Alvin L. Jennings Virginia Jennings	Case number (if known)
art 2:	Calculate Your Deductions from Your Income	
to an		Local Standards for certain expense amounts. Use these amounts indards, go online using the link specified in the separate available at the bankruptcy clerk's office.
your	actual expenses if they are higher than the standards. D	s of your actual expense. In later parts of the form, you will use some of you not deduct any amounts that you subtracted fro your spouse's hat you subtracted from in income in lines 5 and 6 of form 122A-1.
lf you	r expenses differ from month to month, enter the average	ge expense.
Wher	never this part of the from refers to you, it means both yo	ou and your spouse if Column B of Form 122A-1 is filled in.
5.	The number of people used in determining your ded	ductions from income
	Fill in the number of people who could be claimed as ex plus the number of any additional dependents whom yo the number of people in your household.	
Natio	onal Standards You must use the IRS National	al Standards to answer the questions in lines 6-7.
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and	
1	the dollar amount for out-of-pocket health care. The nur	per of people you entered in line 5 and the IRS National Standards, fill in onber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are onal amount on line 22.
Peop	le who are under 65 years of age	
	7a. Out-of-pocket health care allowance per person	\$ 55.00_
	7b. Number of people who are under 65	X3
	7c. Subtotal. Multiply line 7a by line 7b.	\$165.00 Copy here=> \$165.00
Peop	le who are 65 years of age or older	
	7d. Out-of-pocket health care allowance per person	\$ <u>114.00</u>
		x 0
	7e. Number of people who are 65 or older	X0
	7e. Number of people who are 65 or older7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00 Copy here=> +\$ 0.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 55 of 74

Debtor 1 Debtor 2 Virginia Jennings Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:
■ Housing and utilities - Insurance and operating expenses
■ Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8.		ising and utilities - Insurance and operating expenses e dollar amount listed for your county for insurance and c						, fill \$		674.00
9.	Hou	sing and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, fill in t listed for your county for mortgage or rent expenses				\$	2,1	43.00		
	9b.	Total average monthly payment for all mortgages and ot	ther debts	secured by y	our home.					
		To calculate the total average monthly payment, add all contractually due to each secured creditor in the 60 mon for bankruptcy. Then divide by 60.								
		Name of the creditor	Average	monthly						
		NewRez LLC	\$	2,763.00						
		Total average monthly payment	\$	2,763.00	Copy here=>	-\$	2,	763.00	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from lin or rent expense). If this amount is less than \$0, enter \$0			\$	0	.00	Copy here=>	\$	0.00
10.		ou claim that the U.S. Trustee Program's division of the cts the calculation of your monthly expenses, fill in a				g is incor	rect a	nd	\$	0.00
	Ex	plain why:								
11.	Loc	al transportation expenses: Check the number of vehic	les for wh	ich you claim	an ownersh	ip or oper	ating e	expense.		
). Go to line 14.								
	1	. Go to line 12.								
		or more. Go to line 12.								
12.	Veh	icle operation expense: Using the IRS Local Standards	and the n	umber of veh	icles for whi	ch you cla	im the	:		

Official Form 122A-2

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

319.00

\$

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 56 of 74

ebtor 1 ebtor 2	Alvin L. Jennings Virginia Jennings		Case number	er (<i>if known</i>)		
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.					
Vel	Describe Vehicle 1: 2014 Jeep Grand Cherc	okee 62000 miles				
13a.	Ownership or leasing costs using IRS Local Standard		\$	508.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Toyota Motor Credit Corporation	\$ 549.68				
	Total Average Monthly Payment	\$549.68	Copy here =>	-\$549	Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	r			
	Name of each creditor for Vehicle 2	Average monthly payment				
	Total Average Monthly Payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	. \$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			dards, fill in the	Public \$	0.00
	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 57 of 74

Debtor 1 Debtor 2 Prince Princ

Oth		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soci your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 mm the total monthly amount that is withheld to pay for taxes.	\$	1,636.00
17.	•	the total monthly payroll deductions that your job requires, such as retirement		
	contributions, union dues, a			407.00
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	167.00
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are tents that you make for your spouse's term life insurance. Do not include premiums for life ints, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	698.00
20.	Education: The total month as a condition for your joint in the second	ly amount that you pay for education that is either required:		
	, ,	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthl	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	650.00
22.	that is required for the health	renses, excluding insurance costs: The monthly amount that you pay for health care in and welfare of you or your dependents and that is not reimbursed by insurance or paid include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents	lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment corted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses al Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	5,755.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 58 of 74

Debtor 1 Debtor 2 Alvin L. Jennings Case number (if known)

Add	litional	Expense Deductions	These are additional of	deduction	s allowed by th	e Means Test.		
			Note: Do not include a	any exper	nse allowances	listed in lines 6-24.		
25.	insura					ses. The monthly expenses for health y necessary for yourself, your spouse, or	or	
	Health	insurance		\$	386.00			
	Disabi	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	386.00	Copy total here=>	\$	386.00
	Do you	u actually spend this total a	amount?					
		No. How much do you ad	ctually spend?					
		Yes	or and a	\$				
26.	continu	ue to pay for the reasonab	le and necessary care our immediate family w	and supp no is unal	oort of an elderl ble to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.						ses that you incur to maintain the es Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses confidential. \$\$					0.00		
28.	Additi line 8.	onal home energy costs	. Your home energy co	sts are ir	ncluded in your	insurance and operating expenses on		
		believe that you have hom fill in the excess amount		e more th	an the home er	nergy costs included in expenses on line	>	
		ust give your case trustee at claimed is reasonable a		r actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8		for your dependent ch			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee d is reasonable and neces				ou must explain why the amount 3.		
	* Subje	ect to adjustment on 4/01/2	22, and every 3 years	after that	for cases begui	n on or after the date of adjustment.	\$	0.00
30.	higher	onal food and clothing e than the combined food a % of the food and clothing	nd clothing allowances	in the IR	RS National Star	ctual food and clothing expenses are ndards. That amount cannot be more		
		d a chart showing the maxi				link specified in the separate rk's office.		
	You m	ust show that the addition	al amount claimed is re	easonable	e and necessar	у.	\$	48.00
31.		nuing charitable contribunents to a religious or cha				ntribute in the form of cash or financial	+\$	380.00
32.		II of the additional expernes 25 through 31.	nse deductions.				\$	814.00

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 59 of 74

ebtor 2	Virginia Jennings	Ca	ise numb	per (if known)			
Dedu	ctions for Debt Payment						
	or debts that are secured by an interest ans, and other secured debt, fill in line	in property that you own, including home s 33a through 33e.	morto	gages, vehicle			
	o calculate the total average monthly payn reditor in the 60 months after you file for ba	nent, add all amounts that are contractually dankruptcy. Then divide by 60.	ue to e	each secured			
	Mortgages on your home:					Aver payr	age monthly nent
33a.	Copy line 9b here				.=>	\$	2,763.00
	Loans on your first two vehicles:						
33b.	Copy line 13b here				=>	\$	549.68
33c.					=>	\$	0.00
33d.	List other secured debts:						
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payme include taxes insurance?			
				□ No			
	-NONE-			☐ Yes		\$	
						Ψ	
				☐ No			
				☐ Yes		\$	
				□ No			
				☐ Yes		+\$	
					_	-Ψ	_
					Co		
33e.	Total average monthly payment. Add line	s 33a through 33d	\$	3,312.68	tota	e=> '	3,312.68
0	 No. Go to line 35. Yes. State any amount that you must plisted in line 33, to keep possession 	port or the support of your dependents? pay to a creditor, in addition to the payments on of your property (called the <i>cure amount</i>).	le,				
Nam	Next, divide by 60 and fill in the in e of the creditor	Iformation below.		Total cure			Monthly cure
				amount		•	amount
-NO	DNE		\$		÷ 60 :	= \$ _	
					Co		
		Total	\$	0.00		e=> (6.00
	o you owe any priority claims such as a re past due as of the filing date of your	a priority tax, child support, or alimony - th bankruptcy case? 11 U.S.C. § 507.	at				
	No. Go to line 36.						
	Yes. Fill in the total amount of all of the ongoing priority claims, such as the	ese priority claims. Do not include current or nose you listed in line 19.					
	Total amount of all past-due price	-	\$	26,160.00	÷ 60	= \$	436.0
				· · · · · · · · · · · · · · · · · · ·			

Alvin L. Jennings

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 60 of 74

	Alvin L. Jennings Virginia Jennings	Case number (if known)
For r	you eligible to file a case under Chapter 13? 11 U.S.C. § 1 more information, go online using the link for <i>Bankruptcy Basi</i> ructions for this form. <i>Bankruptcy Basics</i> may also be available	ics specified in the separate
	No. Go to line 37.	
□ Y	Yes. Fill in the following information.	
	Projected monthly plan payment if you were filing under	Chapter 13 \$
	Current multiplier for your district as stated on the list iss Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Alabama
	To find a list of district multipliers that includes your district the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.	
	Average monthly administrative expense if you were filing	
	dd all of the deductions for debt payment. ld lines 33e through 36.	\$3,748.68
Total De	eductions from Income	
38. Add	all of the allowed deductions.	
	ppy line 24, All of the expenses allowed under IRS pense allowances	\$5,755.00_
Cop	ppy line 32, All of the additional expense deductions	\$814.00_
Cop	py line 37, All of the deductions for debt payment	+\$3,748.68
	Total deductions	\$10,317.68 Copy total here=> \$10,317.68
Part 3:	Determine Whether There is a Presumption of Abuse	
39. Calc	culate monthly disposable income for 60 months	
39a	a. Copy line 4, adjusted current monthly income	\$ 10,281.35
39b	b. Copy line 38, Total deductions	- \$
390	c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a	\$Copy here=>\$
For	r the next 60 months (5 years)	x 60
39d	d. Total. Multiply line 39c by 60	39d. \$39d. \$\$ Copy here=> \$3179.80
40. Find	d out whether there is a presumption of abuse. Check the b	box that applies:
■ 1	The line 39d is less than \$8,175*. On the top of page 1 of thi	is form, check box 1, There is no presumption of abuse. Go to Part 5.
	The line 39d is more than \$13,650*. On the top of page 1 of Part 4 if you claim special circumstances. Go to Part 5.	this form, check box 2, There is a presumption of abuse. You may fill out
П П	The line 39d is at least \$8,175*, but not more than \$13,650	*- Go to line 41.
*Sub	bject to adjustment on 4/01/22, and every 3 years after that for	r cases filed on or after the date of adjustment.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 61 of 74

or 1 or 2		n L. Jennings nia Jennings	Са	se number	(if known)		
1.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the	Information	\$.25	-	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707 Multiply line 41a by 0.25	. , . , . , . , . , . ,	\$		Copy here=>	\$
25%	% of y	ne whether the income you have left over after subtracting all our unsecured, nonpriority debt. e box that applies:	allowed dedu	ictions i	s enough to	pay	
		39d is less than line 41b. On the top of page 1 of this form, check Part 5.	k box 1, There	is no pr	esumption of	abuse.	
		39d is equal to or more than line 41b. On the top of page 1 of th <i>imption of abuse.</i> You may fill out Part 4 if you claim special circum					
rt 4:	Giv	e Details About Special Circumstances					
_	es. Fill iter Yo ne	in the following information. All figures should reflect your average m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee docustments.	at make the e	xpenses	or income ad	justments	
	G	ive a detailed explanation of the special circumstances			nonthly expe adjustment	nse	
	Т	olls to travel to New York for work		\$	40	7.00	
				\$			
				\$			
	_			\$			
	_						
t 5:	_	n Below	- this state as				
		gning here, I declare under penalty of perjury that the information of				ients is true	e and correct.
)			/s/ Virginia Virginia Jer		gs		
			Signature of [
Dat			June 22, 20 MM / DD / Y				
			/ !				

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 62 of 74

Debtor 1 Debtor 2 Virginia Jennings

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2018 to 05/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Metropolitan Jewish Health System

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$73,182.38** from check dated **11/30/2018**. Ending Year-to-Date Income: **\$79,566.99** from check dated **12/31/2018**.

This Year:

Current Year-to-Date Income: \$35,115.39 from check dated 5/31/2019.

Income for six-month period (Current+(Ending-Starting)): \$41,500.00.

Average Monthly Income: \$6,916.67.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 63 of 74

Debtor 1 Debtor 2 Virginia Jennings Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 12/01/2018 to 05/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: New York Presbyterian

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$40,982.45** from check dated **11/30/2018**. Ending Year-to-Date Income: **\$44,182.77** from check dated **12/31/2018**.

This Year:

Current Year-to-Date Income: \$16,987.73 from check dated 5/31/2019 .

Income for six-month period (Current+(Ending-Starting)): **\$20,188.05**.

Average Monthly Income: **\$3,364.68**.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	:	Liquidation
\$2	45	filing fee
\$7	75	administrative fee
<u>+</u> \$	15	trustee surcharge
\$3	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 68 of 74

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In re	Alvin L. Jennings Virginia Jennings		Case No.		
		Debtor(s)	Chapter	7	

111 1	virginia Jennings				
		Debtor(s)	Chapte	7	
	DISCLOSURE OF COMP	ENSATION OF ATTO	RNEY FOR	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplatio	iling of the petition in bankruptcy	y, or agreed to be p	aid to me, for service	
	For legal services, I have agreed to accept			1,800.00	
	Prior to the filing of this statement I have receive	ed	\$	1,800.00	
	Balance Due		\$	0.00	
2.	\$335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed con	mpensation with any other perso	n unless they are m	embers and associa	tes of my law firm
٥.	_		•		-
	☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the i				my law firm. A
6.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspe	cts of the bankrupto	cy case, including:	
	 a. Analysis of the debtor's financial situation, and rer b. Preparation and filing of any petition, schedules, s c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] All services, except those identified in debtor's bankruptcy objectives includ 	tatement of affairs and plan which ditors and confirmation hearing, and paragraph 7 below, that ar	ch may be required and any adjourned	; hearings thereof;	
	(1) File the certificate required from the counseling agency for prepetition cree (2) Preparation and filing of all locally (3) Representation of the debtor at the (4) Amend any list, schedule, stateme necessary or appropriate; (5) Motions under § 522(f) to avoid liet (6) Motions, such as motions for aban (7) Advise the debtor with respect to a agreements if in the best interest of the signed by the debtor; (8) Removal of garnishments or wage (9) Negotiate, prepare and file reaffirm (10) Motions under § 722 to redeem executed (11) Compile and forward to the trusted (12) Consult with the debtor and if the automatic stay; (13) File the debtor's certification of conficial Form 423); and	dit counseling; required forms; e § 341 meeting; ent, and/or other document r ens on exempt property; endonment, or proceedings to eny reaffirmation agreement ene debtor; and attend all head assignments; enation agreements; exempt personal property fro ee and the United States true ere is a valid defense or exp	required to be file of clear title to retent; negotiate, preparings scheduled om liens; stee any docum lanation, respon	ed with the petiti al property owne pare and file reaf d on any reaffirm ents and informa d to a motion for	ion as may be ed by the debtor; firmation action agreement ation requested; r relief from the

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

7.

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 69 of 74

In re	Alvin L. Jennings Virginia Jennings	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete this bankruptcy proceeding.	statement of any agreement or arrangement for payment to me for representation of the debtor(s)
June 22, 2019	/s/ Thomas J. Orr
Date	Thomas J. Orr
	Signature of Attorney
	Allen Chern LLC
	Thomas J. Orr
	321 High Street
	Burlington, NJ 08016
	(609)386-8700 Fax: (609)386-7765
	tom@torrlaw.com
	Name of law firm

Case 19-22761-KCF Doc 1 Filed 06/27/19 Entered 06/27/19 22:46:48 Desc Main Document Page 70 of 74

United States Bankruptcy CourtDistrict of New Jersey

In re	Alvin L. Jennings Virginia Jennings		Case No.	
		Debtor(s)	Chapter	7
The abo	VERIFI ove-named Debtors hereby verify that t	CATION OF CREDITOR the attached list of creditors is true and		of their knowledge.
Date:	June 22, 2019	/s/ Alvin L. Jennings		
		Alvin L. Jennings		
		Signature of Debtor		
Date:	June 22, 2019	/s/ Virginia Jennings		
		Virginia Jennings		

Signature of Debtor

Affinity FCU 73 Mountainview Boulevard Basking Ridge, NJ 07920

American Express PO Box 981535 El Paso, TX 79998

Barclays Bank Delaware 125 South West Street Wilmington, DE 19801

Bay Ridge FCU 1750 86th Street Brooklyn, NY 11214

Citibank PO Box 769004 San Antonio, TX 78245-9004

Comcast Cable 1701 JFK Boulevard Philadelphia, PA 19103

Comenity Bank/Big Lots PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/New York and Company PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Overstock PO Box 659728 San Antonio, TX 78265-9728

Comenity Bank/TotalVS PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Victorias Secret PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Wayfair PO Box 182125 Columbus, OH 43218-2125

Credit Management, L.P. 6080 Tennyson Parkway Suite 100 Plano, TX 75024-6002

Diversified Consultants PO Box 551268 Jacksonville, FL 32255

DSNB Macys PO Box 8218 Mason, OH 45040

Home Depot PO Box 790328 Saint Louis, MO 63179

Lindawi Hutson 503 Van Siclen Avenue Brooklyn, NY 11207

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Wai Ching Li 1528 West 7th Street Brooklyn, NY 11204

Merrick Bank PO Box 9211 Old Bethpage, NY 11804

Mohela/Department of Education 633 Spirit Drive Chesterfield, MO 63005

Navient PO Box 9500 Wilkes Barre, PA 18773-9500 NewRez LLC PO Box 10826 Greenville, SC 29603

Nissan Motor Acceptance Corporation 8900 Freeport Parkway Irving, TX 75063-2438

NYM Federal Credit Union 501 6th Street Brooklyn, NY 11215

Office of the Attorney General State of New York The Capitol Albany, NY 12224-0341

Robert Wood Johnson University Hospital PO Box 903 Oceanport, NJ 07757

Selip and Stylianou, LLP 10 Forest Avenue Suite 300 PO Box 914 Paramus, NJ 07653-0914

Sprint 6391 Sprint Parkway Overland Park, KS 66251

State of New York State Processing Center PO Box 15555 Albany, NY 12212-5555

Synchrony Bank/ABT Electronics Att'n: Bankruptcy Department PO Box 965022 Orlando, FL 32896-5022

Synchrony Bank/Amazon Att'n: Bankruptcy Department PO Box 965060 Orlando, FL 32896-5060 Synchrony Bank/Gap Att'n: Bankruptcy Department PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank/Walmart Att'n: Bankruptcy Department PO Box 965022 Orlando, FL 32896-5022

Synchrony BankTJ Maxx PO Box 103104 Roswell, GA 30076

Toyota Motor Credit Corporation PO Box 5236 Carol Stream, IL 60197-5236

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Webbank/Fingerhut PO Box 81577 Austin, TX 78708